



In re Application of:

JASON PETER ANDREW
CHARLESWORTH, et al.

Application No.: 09/840,886

Filed: April 25, 2001

For: DATABASE ANNOTATION
AND RETRIEVAL

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 65	MINUS	** 58	= 7	x \$25 \$50	\$ 350.00
INDEP. CLAIMS	* 17	MINUS	*** 12	= 5	x \$100 \$200	\$1,000.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$1,350.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first-
class mail in an envelope addressed to: Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on January 18, 2005

(Date of Deposit)

Carola A. Quinn, Reg. No. 39,000

(Name of Attorney for Applicant)

Carola A. Quinn Jan 18, 2005

Signature

Date of Signature

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$1,350.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

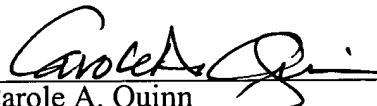
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$450.00 to cover the fee for a two month extension is enclosed.

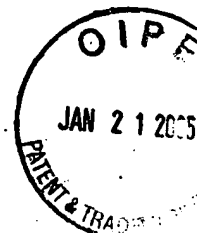
☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Carole A. Quinn
Attorney for Applicants
Registration No.: 39,000

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200



Commissioner for Patents
Washington, D.C. 20231

Date 04/15/02
Mo. Day Yr.
01263.001603.
Atty. Docket

Application No. _____

Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☒ Information Disclosure Statement, PTO-1449 and SIX ~~(6)~~ documents
- ☐ Claim for priority and certified copies of _____ priority applications
- ☐ Issue fee transmittal and Check for \$ _____
- ☐ Other (specify) _____

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. LPD/ACW

Due Date N, D, D
Mo. Day Yr.

37 CFR 1.8 ☐
37 CFR 1.10 ☐
By Hand ☒

FOI-B-00

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